BEST AVAILABLE COP

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2000												
		CLAIMS AS	S FILED - PART I (Column 1) (Colu			mn 2)	SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS								RATE	FEE	1 1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			リイ minus 20= * 。		• 2	9		X\$ 9=		OR	X\$18=	432
INDEPENDENT CLAIMS			3 minus 3 = * (> **		X40=		OR	X80=	, ,
MULTIPLE DEPENDENT CLAIM P			RESENT			*	+135=		OR	+270=		
* If the difference in column 1 is less the				an zero, enter "0" in column 2				TOTAL		OR	TOTAL	1142
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL I	
Г	Signatural Market Constitution of the State of S	CLAIMS		HIGH	IEST 🧳	10.1	1 1		ADDI-	1		ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**				X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	C OF A IS A	=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF MI	JETIPLE DEF	PENDEN	CLAIM			+135=		OR	+270=	
	•	·						TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)										ADDI1. I LEI	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	IEST	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* .	Minus	**				X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	JULIPLE DEF	ENDEN	CLAIM			+135=		OR	+270=	
							L	TOTAL			TOTAL	
		(Column 1)		(Colui	mn 21	(Column 3)	. •	ADDIT. FEE I		10	ADDIT. FEE	
		CLAIMS	4	HIGH	IEST		1 r		ADDI-	1 1		ADDI
AMENDMENT C		REMAINING AFTER AMENDMENT	*	NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independ nt	*	Minus	***		=	 	X40=		OR	X80=	
Ļ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┚ ┟					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+135=		OR	+270=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."							·" A	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		nber Previously Pai					er fou	nd in the app	propriate bo	x in col	lumn 1.	